

- #59. Q: What is the current network being used for TRICARE claims between Medicare processors and the current claims system? Would the new contractor be required to use this network or can another system be proposed?

A: Claims are transmitted as negotiated between each of the current Managed Care Support contractors and the Medicare carriers and fiscal intermediaries. The TRICARE Management Activity is not a party to those agreements. The new contractor will negotiate their own agreements and transmission arrangements.

- #60. Q: How do eligibility validations and/or reconciliation occur between DEERS and Medicare? What has been the accuracy level experienced?

A: There is a monthly data exchange between the Defense Manpower Data Center and Medicare to verify the Medicare eligibility of TRICARE beneficiaries who have newly attained age 65. In addition, every six months there is a complete data match on the eligibility entire database of both parties. As far as “accuracy”, this statistic is not measured, inasmuch as we are primarily interested in being able to identify those individuals who have dual eligibility. TRICARE For Life claims payment is made based on the Medicare EOB, which gives a current indication from Medicare that the beneficiary is eligible or not (based on Medicare's payment or denial). Only in limited circumstances where a beneficiary may have seen a non-Medicare provider and files their own paper claim would there be a need to rely on what is in DEERS from the monthly updates.

- #61. Q: Pertaining to Local Medical Processes (LMP), what is the rule for changes between the national and local policy? How does the local policy address these changes?

A: The TDEFIC contractor does not need to consider LMP. TRICARE’s national coverage policy will apply to all TDEFIC claims.

- #62. Q: Is EFT a viable option to pay providers and beneficiaries? If providers have an opportunity to use EFT through the bank that is established for TRICARE and can set up an account with that bank. Would EFT be available to the providers?

A: There are no prohibitions to the use of EFT. Offerors should propose the approach they intend to utilize.

- #63. Q: Is there a requirement for installing a new LAN, WAN, PBX or other network in the MTF or base facilities?

A: No.

- #64. Q: Pertaining to Section L-14.6.2.4.1: Outside the scope of this RFP, our

company has provided IT services to Company A for a long period of time. These services are relevant to the requirements of this RFP. Company A will be a Tier-1 subcontractor to us in responding to this RFP. May we use performance information from the separate, pre-existing customer relationship in the Past Performance section of this RFP? Please clarify Section L-14.6.2.4.1 as it relates to a prime contractor's use of a Tier 1 subcontractor for past performance.

A: You should use performance information from the separate, pre-existing customer relationship in the Past Performance section of this RFP.

- #65. Q: What are the government's plans to change the TRICARE Encounter Data (TED) interface to be HIPAA compliant? What will be the government's timing to accomplish this?

A: For HIPAA Transaction and Code Sets purposes, the TRICARE Encounter Data (TED) record is a report and therefore does not have to be HIPAA compliant. TED records do not meet any of the HIPAA transaction definition as cited in the HIPAA Transactions and Code Sets regulation. TED records are not claims, enrollments, eligibility inquiries or responses, payment remittance advice transactions or any other HIPAA mandated electronic transactions. TED records will accommodate HIPAA code values for many of the data elements received in ASC X12N 837 claims transactions. Please refer to the TED Record requirements in the TRICARE Systems Manual for the TED data elements and their associated code values.

- #66. Q: Pertaining to Section L-14.5.1.4, *Subfactor 4 Transition*, further information is needed concerning the data to be transitioned.
- (a) Are pending claims to be transitioned?
 - (b) What is the target period of data to be transitioned?
 - (c) How much historical data is to be transitioned?
 - (d) How many days are planned for the transition of the data?

A: (a) Pending claims will be processed to completion by the outgoing contractor.

(b) The specific period of data to be transitioned will be defined in the post-award transition meetings.

(c) This will be determined at the transition meetings. Ordinarily, this ranges from 15 to 27 months of paid claims history data.

(d) The data transition schedule will be defined in the transition meetings. Data transfer is an ongoing process as the outgoing contractor completes processing the remaining claims.

- #67. Q: Pertaining to Section L-14.5.1.4.3, *Subfactor 4 Transition*, is the current vendor's transition-out plan available for review? If it is available how do we get a copy?

A: There is no single current vendor. There are no TDEFIC transition-out plans currently in existence. The transition-in plan for the TDEFIC contractor will include interface meetings with the outgoing contractor as referenced in the TRICARE Operations Manual, Chapter 1, Section 8. These meetings will allow for an information exchange between incoming and outgoing contractors.

- #68. Q: Pertaining to Section L-14.6.2.2, *Past Performance*, does the 25-page limitation include the L-1, L-2, and L-3 attachments; reports; findings; letters from the customers; and related supporting documents?

A: No.

- #69. Q: Pertaining to Section L-14.6.2.2, *Past Performance*, we have re-created attachments L-1, L-2, and L-3 as an online form in MS-Word format, compatible with your requested platform, for our customers to key in the requested information. Is this acceptable?

Should our customer send these forms directly to the Contracting Officer or are they to be included in hard copy format with the past performance proposal or are electronic signatures and/or scanned pages acceptable?

A: The online forms you describe would be acceptable. They should be submitted at the same time as the past performance data on a CD-R disk.

- #70. Q: Pertaining to Section L-14.6.2, *Past Performance*, there appears to be a missing section, L-14.6.2.7. Attachment L-3, *Key Personnel*, does not have a write-up. Please confirm and/or clarify the requirement.

A: This absence of paragraph L-14.6.2.7. was an inadvertent numbering error, and will be corrected in an amendment. Qualifications and experience of key personnel and the completion of the Form at Attachment L-3 are addressed in paragraph L-14.5.1.3.5.

- #71. Q: Pertaining to the narrative in Section L-14.6.2.8, *"A report/finding is a report or finding that discusses in any manner the offeror's performance of any requirement of this solicitation"*. Please clarify if the report/finding documents pertain only to our past performance customers. Please clarify how the

government would like us to relate this solicitations requirement to our past performance? Should "like requirements" under other contracts be mapped to this solicitation?

A: The reports/findings refer to the **offeror** and to their **subcontractors** for this proposal. The offeror should apply their own judgement as to whether the aspects of past performance that are the subject of the report/finding are logically and reasonably related to the requirements of this RFP. It is reasonable to include "like requirements" pertaining to this solicitation.

- #72. Q: Pertaining to Section M-6.2, *Evaluation of Past Performance*, this is not defined as a requirement in Section L-14.6.2 but is identified and should be present in the subcontracting plan. If these organizations are not the Tier 1 subcontractors, do they need to be identified?

A: (1) Past Performance proposal volume and Evaluation. As part of its Past Performance information volume (L-14.6), the offeror should provide information that demonstrates the offeror's compliance with the requirements of FAR 52.219-8 and FAR 52.219-9. For example, such information could include identification and discussion of any subcontracts as well as any other relevant information and references. L-14.6 will be amended to clarify this requirement. In regards to evaluation of this information under M-6.2, note that M-6.1 states the evaluation will utilize information provided with the proposal and information obtained from other sources.

(2) Subcontracting Plan. To respond to the requirements of L-14.8.2, the information provided by offeror should include identification of all relevant subcontracts (not limited to 1st tier subcontracts).

- #73. Q: In addition to Attachment L-4, are other operation volumes available to the offerors, (i.e., phone and written inquires volume and types)? If exact volumes are not available, are estimates or projections available?

A: No additional data are available beyond the attachments to the RFP and the very limited information furnished in response to Question #17.

- #74. Q: Would you please clarify the TDEFIC contractor's relationship to the Managed Care Support Contractor; TMA, CMS, and MTFs as it relates to specific provider networks, authorized providers, HCPR files, and care authorization requirements?

A: The TDEFIC contractor will not be required to establish provider networks or issue health care authorizations. They will rely upon the provider records

established by the Managed Care Support contractors and will authorize providers and submit provider records only in those rare instances where the provider on a TDEFIC claim has been authorized neither by Medicare nor by the Managed Care Support contractor.

- #75. Q: Will the TFL contractor be required to keep a separate database of providers and/or maintain or update another provider database?

A: There is no requirement for the establishment and maintenance of a separate provider database. This is a business judgement to be made by the offeror. If the TDEFIC contractor authorizes a provider as discussed in the response to Question #74, they will have to submit a provider record to update the TMA provider database.

- #76. Q: Section C-3.5.1 mentions that until the current MHS Technical Architecture is available on the DoD web site, that CD copies will be available. When will the web site be updated and what is the URL?

A: The URL is www.hirs.osd.mil/hdp/index.html . We do not have an estimate when it will be updated. Offerors who wish to obtain a copy of the MHS Technical Architecture on CD should request a copy from the Contracting Officer.

- #77. Q: Section C-3.5.3 - Is online access to the data repository a requirement, or can the requirement be satisfied using offline queries? What are the industry standard platforms and universally accepted formats for exported data? Is there a preferred report generator in use today?

A: Online access is required. The language referring to “industry standard platforms” will be changed in a future amendment. No data conversion on the part of the contractor is required.

- #78. Q: Section C-3.5.3.2 - Is the term “data repository” equivalent to “data warehouse” or “analytics” for data that is typically offloaded from the online system and is static in nature?

If that is a correct assumption, what is the requirement for keeping the data repository current with the actual application data?

A: Yes, they should be considered synonymous. Data should be synchronous with the actual application data within 24 hours.

- #79. Q: Attachment J-3, Section 2.3.3, *TSCEC C2 Level Processes (bullet 2)* - Is it reasonable to assume that the same desktop equipment at the MTFs used for

accessing the regional TRICARE systems will be the same desktop equipment for the TDEFIC activity from the MTFs?

If that is the case, who will be responsible for loading and configuring TDEFIC-required software on those desktops? Will the TRICARE primary contractor for the region (not the TDEFIC contractor) be responsible for ensuring those systems meet C2 requirements?

A: Your assumption is reasonable. The TDEFIC contractor will be responsible for providing access to their data repository. If this access requires specific software, the TDEFIC contractor will be responsible for providing the software and instructions for loading it. The contractor is not responsible for the C2 requirements of government systems.

#80. Q: Section L.14.8 – Subcontracting Plan. It states in para L.14.8.1 the plan must be reviewed and approved by the Contracting Officer. (1) Should this plan be a part of the proposal? (2) If so, please clarify approval cycle and impact on evaluation. (3) Will the government clarify and amend the RFP so that the plan is submitted as a CDRL after contract award?

A. (1) Yes, the subcontracting plan should be submitted with the proposal (see L-14.3).

(2) The approval cycle will run concurrently with the overall evaluation and negotiation (if negotiations are conducted) timeframe. The contracting officer will review the plan for adequacy, ensuring that the required information, goals, and assurances are included, based on the negotiation (if necessary) of the 11 elements of plan. The subcontracting plan must be approved and accepted prior to contract. Note that if the apparent successful offeror fails to negotiate an acceptable subcontracting plan, the offeror will be ineligible for award.

(3) The RFP will not be amended

Please see RFP Section I clauses at FAR 52.219-9, Alternate II and DFARS 252.219-7003.

#81 Q: TRICARE for Life will be following the same rules as Medicare such as required 3 day hospital stay before skilled nursing facility is paid. Do the same rules apply to those on Medicare under 65 or do they follow the TRICARE ruling which does not require the 3 day stay?

A: At present, TRICARE For Life does *not* follow the same rule as Medicare with respect to the requirement for a 3 day hospital stay. This rule also does not currently apply for those under age 65. Legislation changing the TRICARE rule to that of Medicare is currently under consideration. The RFP/contract will be amended in the future as necessary.

#82. Q: Will the Government consider modifying the transition period from nine months to 15 months? Doing so may invite increased competition from newcomers who bring additional innovation, efficiency, and cost savings to TRICARE.

A: Based on TMA past experience, we believe the 9 month transition period is sufficient. The transition period is driven by the expiration dates of the current MCS contracts, starting with the Region 11 MCS contract that expires 31 March 2004.